



Pacific Polymers 5 Year Material Warranty Application

Please provide the below information needed to process coating warranty.

Salesperson: _____

Building Name: _____

Building Location: _____

Use of Building: _____

Building Owner: _____

Building Owner Address: _____

Building Owner Phone: _____

Building Owner E-mail: _____

Date Installation Completed: _____

Recoating over an existing system: Yes No

System / Coating Used:

Re-Coat	5000X2	5000WDA	5000MR	5000HT	6500PT
6500VT	6500MR	EDBT	EDBTH20	EMDG	Other

Installed Over: _____

Description of Installation: _____

Applicator: _____

Applicator Address: _____

Applicator Phone: _____

Applicator Email Address: _____

Square Footage: _____

Notes: _____
